

No. W 71841		Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROCKWOOD INSURANCE AGENCY, LLC MICHAEL R CHAPMAN PO BOX 1600 COEUR D ALENE ID 83816		MICHAEL R CHAPMAN 2100 NORTHWEST BLVD STE 230 COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVE BABB	C/O CHAPMAN LAW OFFICE PO BOX 1600	COEUR D'ALENE	ID	USA	83816	
MANAGER	JAMES SOKOLIS	C/O CHAPMAN LAW OFFICE PO BOX 1600	COEUR D'ALENE	ID	USA	83816	
5. Organized Under the Laws of: ID W 71841		6. Annual Report must be signed.* Signature: Michael R. Chapman Name (type or print): Michael R. Chapman					
		Date: 01/10/2011 Title: Authorized Agent					
Processed 01/10/2011 * Electronically provided signatures are accepted as original signatures.							